## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571), 273, 2885

or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica   | ed below or directed of                                 | for transmitting the ISSU<br>ng the Patent, advance on<br>herwise in Block 1, by (a   | i) specifying a new corre   | spondence address;    | ; and/or           | (b) indicating a separ | ould be completed where<br>orrespondence address as<br>ate "FEE ADDRESS" for |
|---|---|---|---|-----------------------|--------------------|------------------------|--|
| CURRENT CORRESPOND  | Fee   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |                       |                    |                        |  |
| 30743   |   |   |   | _                     |                    |                        |  |
| 11491 SUNSET<br>SUITE 340   |   | COOK, P.C. I h  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                       |                    |                        |  |
| RESTON, VA 2  | :0190   | %s\ I   | (Depositor  |                       | (Depositor's name) |                        |  |
|   |   | 006 - []  | •   |                       |                    | (Signature)            |  |
|   |   | , <b>Š</b>  |   |                       |                    | (Date)                 |  |
| APPLICATION NO.   | FILING DATE   | PADEN   | AST NAMED INVENTOR  | \                     | ATTO               | RNEY DOCKET NO.        | CONFIRMATION NO.   |
| 00/012 279  |   |   |   |                       |                    |                        |  |
| 09/912,378 07/26/2001 Louis A. Bustamante BLD920010028 5049  TITLE OF INVENTION: CLOSED LOOP FEEDBACK SYSTEM FOR ALTERNATIVE TONERS   |   |   |   |                       |                    |                        | 3047   |
|   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSU       | e eee              | TOTAL FEE(S) DUE       | DATE DUE   |
| APPLN. TYPE   |   |   |   | L.                    |                    |                        |  |
| nonprovisional  | NO  | \$1400  | \$300   | \$0                   |                    | \$1700                 | 11/30/2006   |
| EXAMINER  |   | ART UNIT  | CLASS-SUBCLASS  | 5                     |                    |                        |  |
| POPOVICI, DOV 2625  |   |   | 358-001140  |                       |                    |                        |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Whitham, Curtical Christofferson (1) the names of up to 3 registered patent attorneys (2) the names of up to 3 registered patent attorneys (3) (2) the names of up to 3 registered patent attorneys (3) (4) the names of up to 3 registered patent attorneys (3) (4) the names of up to 3 registered patent attorneys (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  |   |   |   |                       |                    |                        | Curtis,  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |   |   | or agents OR, alternatively,  |                       |                    |                        |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  |   |   | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |                       |                    |                        |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 09/28/2006 HBERHE1 0000014 090441 099123/6  |   |   |   |                       |                    |                        |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment FC: 1594 309.09 DA   |   |   |   |                       |                    |                        |  |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |   |   |   |                       |                    |                        |  |
| International Business Machines Corporation Armonk, New York  |   |   |   |                       |                    |                        |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   |   |   |   |                       |                    |                        |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  |   |   |   |                       |                    |                        |  |
| ☐ A check is enclosed.  |   |   |   |                       |                    |                        |  |
| ☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.   |   |   |   |                       |                    |                        |  |
| Advance Order - # of Copies |   |   |   |                       |                    |                        |  |
| 5. Change in Entity Sta   | tus (from status indicate                               | d above)  |   |                       | -                  | - <del>-</del>         |  |
|   | s SMALL ENTITY state                                    |   | b. Applicant is no lor  | <u> </u>              |                    |                        |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.   |   |   |   |                       |                    |                        |  |
| Authorized Signature  | Maril   | M m.  | Purt "  | Date Se               | epter              | mber 20, 2006          |  |
| Typed or printed nam  | e <u>Marshall</u>                                       |   | Registration N  | ło3                   | 33,138             |                        |  |
| This collection of inform<br>an application. Confiden   | nation is required by 37 (<br>tiality is governed by 35 | CFR 1.311. The information U.S.C. 122 and 37 CFR  | on is required to obtain or 1.14. This collection is es   | retain a benefit by t | he publi           | to complete, including | by the USPTO to process) gathering, preparing, and e you require to complete |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.